

# 2008–2009 FINANCIAL AID INFORMATION & APPLICATION-GLL

CTD attempts to support students who can benefit from programs but are unable to afford the entire Gifted LearningLinks fee. Need-based financial aid is available and awarded based on family income and extenuating circumstances. Most families awarded financial aid have a total household income of less than \$50,000.

To be eligible for financial aid, applications MUST include the following: \$100 financial aid application fee for 3-month or 9-week enrichment courses or \$200 for 9-week or 9-month high school courses, a complete Financial Aid Application, current federal tax information (copy of the first two pages of the federal income tax return), and a statement of need. If the student is eligible for free or reduced lunch, provide a copy of the verification letter from the school or coordinator.

If you are applying for EPGY financial aid, contact EPGY directly at <https://epgy.stanford.edu/applyandregister/epgyapplication.html>.

Notification of any or no award will be made prior to the beginning of the session via phone and/or e-mail. At that time, arrangements can be made to pay the remaining balance or to withdraw from the program. If the choice is to withdraw, the financial aid application fee of \$100 or \$200 will then be refunded. If you have any questions, please contact the CTD Gifted LearningLinks office at [gll@northwestern.edu](mailto:gll@northwestern.edu) or by calling 847-491-3782, ext. 5.

Financial aid applications will not be accepted after September 1, February 1 and June 1 for the 3-month enrichment classes.

## Applicant Information

Student's Name

FIRST

MIDDLE

LAST

Address

BOX/ROUTE OR NUMBER AND STREET

CITY

STATE

ZIP

Home Phone (      )

## Family Information

Parent 1 Name

FIRST

LAST

Occupation

Employer/Address

Parent 2 Name

FIRST

LAST

Occupation

Employer/Address

Names and Ages of Other Children

Parents' Marital Status    Single    Married    Separated    Divorced    Widowed

## Income Information

Wages of Parent 1

Wages of Parent 2

Child Support & Alimony

Annual Mortgage/Rent

Annual Family Medical Expenses (not covered by insurance)

Annual Education Expenses for Other Children (tuition, etc.)

## Statement of Need

Describe in detail the nature of the need for financial aid for this student. Please note financial concerns and problems that would prevent the student from attending this class should aid not be granted. Please indicate the portion of the total fees you are able to pay.

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